2002	CAMPAIGN CONTRIBUTIONS AND EXPE	ENSES State of Nevada
DA.	ULO H. ALGOON REND CLTY COU	NCLL WARD ?
Name (p		District (if applicable)
	95 CAKESLOE DR. # 112 REND, NU E	
_	Address (include city and zip code)	Telephone No. 84511 (775) 849 - 3588
		84311 (445)841-3380
	ADD RESS POST - CAMPALEN  Appropriate Box(es) CANDIDATE PAC BAG	☐POLPRTY ☐IND EXP ☐AMENDED
-		
	Report #1 — Due August 27, 2002  Office with a 2-year term Period: Jan. 5, 2001 — Aug. 22, 2000  Office with a 4-year term Period: Dec. 20, 1998 — Aug 22, 2000  BAGs only: Period: Dec. 7, 2000 – Aug 22, 2002	002 02 2
	Report #2 Due — October 29, 2002 Period: Aug. 23, 2002 — Oct. 24, 2002	MINITA MINITA
$\square$	Report #3 Due — January 15, 2003	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Period: Oct. 25, 2002 — Jan. 3, 2003	FOR OFFICE USE ONLY
	BAGs only: Period: Oct. 25, 2002 – Dec. 5, 2002 BALANCE	
	This figure should reflect the balance shown on your last Dispose Unspent Contributions Report, or last Contributions & Expenses CONTRIBUTIONS SU	SReport, if any \$4,086,48  IMMARY  THIS   FINITIES
	"Contribution" means a gift, loan, conveyance, deposit of money or anything of value other than the services of a	t, payment, transfer or distribution PERLOD I CAMPAGEN CYC
	Total amount of monetary contributions	8,750.00 / 85,450.0
2	2. Interest and income earned on contributions, if any	
	3. TOTAL AMOUNT OF ALL MONETARY CONTRIBUTIONS (add I	lines 1 and 2) 8,750.00 / 85,450.00
	Total amount of In Kind Contributions	\$ / 5,692.00
	EXPENSES SUMM	
	5. Total amount of monetary expenses in excess of \$100	12,816.48 / 84,287.06
	5. Total amount of monetary expenses of \$100 or less	20,00/ 1,137,94
	7. Expense for filing fee	Ø / 25,00
	•	
	3. TOTAL AMOUNT OF ALL MONETARY EXPENSES (add line	
	Remaining Balance (Subtra	
	AFFIRMATION  and perfeity of perjury that the foregoing is true and correct	
Signature		Date Executed On
EL201.doc	Revised: MAR-02	PAGE1 OF 5

DAURD H. RECDON Name (print)

RENO CLTY COUNCIL Office (if applicable)

WARD Z

District (if applicable)

## **Contributions**

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE
ATLANTIS HUTEL/CASINO	10/28/02	\$2,500	
RENO ALRPORT PEREFLUHTERS PO BOX 12533 RENO, NV 89510	10/28/02	\$ 250	
CLEAR CHANNEL OUTDOOR POBOX 659512 SAN ANSONEO, TX 78265	10/28/02	\$2,000	
GARY DUHON 12895 WELLOME WAY RENO, NU 89511	10/28/02	\$ 250	
NV BEER WHOLESALERS 50 W. LIBERTY STE 1100 RENO, NV 89501	10/28/07	\$500	
LEONEL, SAWYER, COLLENS SO W. LEBERTY SEE 1100 RENO, NV 89501	10/28/02	1250	
B-H ENTERPRISES 980 PINEBROOK DA. RENO, NV 84509	10/28/02	\$100	
RENO-SPARICS ENDEAN COLONY 98 COLONY RD. NENO, NU BUSOZ	10/29/02	\$500	
PETER NEUMANN JELM COURF NENO, NU B9501	11/1/02	\$1,000	
NATHAN FOROL 6155 PLUMAS & F. NENO, NV 89509	11/1/02	\$ 500	
XPERTX 5301 LONGLEY LN. # H-118 RENO, NV 89511	11/1/02	\$500	

CSN, ENC

11/1/02

\$ 400

6150 S. VLAGENEA ST.

PENO, NU 89502

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TOTAL THIS PAGE

1 8,750

Revised: Apr-02

PAGE\_\_\_\_\_OF\_\_\_\_\_

DAULD H. REGDON

RENO CLIY COUNCEL

District (if applicable)

Office (if applicable) Name (print)

## **Expense Categories**

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D
	E
Expenses related to paid staff	F
Expenses related to consultants	G
Expenses related to polling	
Expenses related to special events	H
** Goods and services provided in kind for which money would otherwise have been paid	1
Other miscellaneous expenses	J

\*\* NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

OAULO A. RIGOON

RENO CLTY COUNCEL

District (if applicable)

Name (print)

Office (if applicable)

## Expenses in Excess of \$100

Expenses in Excess c. 4.05			
NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
OB MARKETENE	0, 5, 5	10128102	7,500.00 5,316.48
·			

TOTAL THIS PAGE

\$ 12,816.48

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#

Name (print)

REND PLFY COUNCIL
Office (if applicable)

District (if applicable)

## Expenses of \$100 or Less

DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE	CATEGORY
11/12/02	20.00	θ
	·	
	- <u></u> -	

DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE	CATEGORY
	The distributed from the property of	No. a. C. Control of the state of the Control of Contro
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